

VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

6761

CERTIFICATE OF DEATH

REGISTRAR'S NO.

84

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY

Cochise

B. LENGTH OF STAY

IN THIS TOWN

IN ARIZONA

4 dys

4 dys

2. USUAL RESIDENCE

A. STATE

Arizona

(WHERE DECEASED LIVED
IF INSTITUTION: RESIDENCE BEFORE ADMISSION)

B. COUNTY

Cochise

C. CITY

OR

TOWN

Bisbee

☒ IN CITY LIMITS

☐ OUTSIDE CITY LIMITS

C. CITY

OR

TOWN

Bisbee

☒ IN CITY LIMITS

☐ OUTSIDE CITY LIMITS

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

Copper Queen Hospital

D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM?

446 Crestview

YES ☐ NO ☒

3. NAME OF DECEASED

A. (FIRST)

B. (MIDDLE)

C. (LAST)

Jerome

William

Buford

4. SEX

Male

Cau

5A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

Never married

5B. NAME OF SPOUSE

N/A

7. DATE OF BIRTH

MONTH

DAY

YEAR

8

18

62

8. AGE (IN YEARS LAST BIRTHDAY)

IF UNDER 1 YEAR

MONTHS

IF UNDER 24 HRS.

HOURS

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED)

Infant

9B. KIND OF BUSINESS OR INDUSTRY

N/A

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)

Arizona

11. CITIZEN OF WHAT COUNTRY?

USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)

No

13. SOCIAL SECURITY

No

14A. FATHER'S NAME

W. R. Buford

14B. BIRTHPLACE (STATE OR COUNTRY)

Arizona

15A. MOTHER'S MAIDEN NAME

Etta Janell Nuttall

15B. BIRTHPLACE (STATE OR COUNTRY)

Arizona

16. INFORMANT'S SIGNATURE

W. R. Buford Bisbee, Arizona

ADDRESS

17. DATE OF DEATH

August 22

(MONTH)

(DAY)

(YEAR)

1962

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).

THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

MEDICAL CERTIFICATION

(A) Prematurity

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B) non functioning respir-

DUE TO (C) atory center

INTERVAL BETWEEN ONSET AND DEATH

4 dys

4 dys

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8/18/62, 1962, TO 8/22/62, 1962, THAT I LAST SAW THE DECEASED ALIVE ON 8/22/62, 1962, AND THAT DEATH OCCURRED AT 10:25 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE)

William M. D.

22B. ADDRESS

Bisbee, Arizona

22C. DATE SIGNED

8/22/62

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE

(SPECIFY)

23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

23C. (CITY OR TOWN) (COUNTY) (STATE)

23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE

24B. ADDRESS

24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

25B. DATE

Aug 23, 1962

25C. NAME OF CEMETERY OR CREMATORY

Evergreen

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

Bisbee, Arizona

26A. DATE REC. BY LOCAL REG.

26B. REGISTRAR'S SIGNATURE

Maguel Malca

27A. FUNERAL DIRECTOR'S SIGNATURE

Harry J. Mitchell

27B. ADDRESS

Bisbee, Arizona

28A. EMBALMER'S SIGNATURE

Harry J. Mitchell

28B. EMBALMER'S CERT. NO.

405A